



DELAWARE HEALTH AND SOCIAL SERVICES

LIVABLE DELAWARE

Preamble

The mission of Delaware Health & Social Services (DHSS) is to improve the quality of life for Delaware's citizens by promoting health and well being, fostering self-sufficiency, and protecting vulnerable populations. In promoting the health and well being of Delawareans there is an intrinsic link between various programs provided in DHSS and several goals of the *Shaping Delaware's Future* report and *Livable Delaware*.

DHSS is involved in assisting the people of Delaware in affordable housing options through our Community Services Block Grant program, emergency assistance and weatherization programs. Our Public Water Supervision program protects the health of Delaware by ensuring that Delawareans have a safe drinking water supply now and for years to come. Our programs in the Divisions of Public Health, State Service Centers, Social Services, Substance Abuse and Mental Health, Developmental Disabilities Services, Visually Impaired, and Aging and Adults with Physical Disabilities help improve the access of our citizens to health care and human services.

It is critical to preserve open green space and to promote "pedestrian-friendly" development. This is important if Delawareans are to have healthy lifestyles. Sprawl promotes many behaviors that impact negatively on our health and can restrict access to needed services. The lack of multi-purpose centers and sprawl increases our need to drive, even for simple errands and promotes air pollution, increased consumption of valuable energy resources, and obesity. Rampant development taxes our ability to provide alternative transportation options as funds are spent on expensive expansion of infrastructure (e.g., roads, water/sewer). Lack of alternative transportation particularly restricts our most vulnerable citizens' ability to access needed health and social services. Sprawl impacts how health and social services are provided as finite services must be "stretched out" or even not offered in particular areas because of lack of resources. Enhancing development in existing developed areas and creating new development in targeted areas fosters the sense of community and encourages residents to engage in physical activity. Creating sidewalks, bike paths, parks and open green space promote healthy lifestyles because they encourage residents to walk, bike, and get needed exercise to lead healthy lives.

DHSS promotes healthy lifestyles in a variety of ways. We offer programs throughout the department that promote citizens' well-being. Our Division of Aging and Adults with Physical Disabilities promotes a program for elders to encourage proper nutrition and exercise for healthy living. The Division of Public Health (DPH) promotes prevention of diseases and disabilities in a variety of ways. Health education efforts that target exercise and physical activity for all residents is an intrinsic part of public health practice. The Division recently sponsored a billboard campaign entitled, "Get Up and Do Something"

that encourages Delawareans to become physically active. DPH also spearheaded the development of Healthy Delaware 2010. This document, a collaboration between government, business, communities, health care organizations, and education, is a ten year plan to improve the health of Delawareans. Healthy Delaware 2010 targets 13 health indicators for improvement including physical activity, environmental quality, and access to health care services. Our Division of State Service Centers promotes access to health and social services through the use of strategically located service centers. These service centers have a variety of health and social services co-located in them in order to promote access and reduce the need to drive to multiple sites to obtain needed services.

The following submissions by various divisions within DHSS provide an outline of how our department supports the goals and basic tenets of Livable Delaware. The DHSS looks forward to continuing our efforts to help the citizens of Delaware through the Livable Delaware initiative.

Livable Delaware Activity

Activity/Policy/Program Name*: Safe Drinking Water/Office of Drinking Water

Contact person*: Ed Hallock

Enabling Laws: 16 Del. Code, Chapter 1, Section 122 (3)(c)
16 Del. Code, Section 135
29 Del. Code Chapter 61, Section 6102A
SB 192 passed in the 141st General Assembly

Policies: The drinking water program directly impacts Livable Delaware. The Drinking Water State Revolving Fund Program (DWSRF) and the Capacity Development Program have the greatest impact in assisting the Division of Public Health in meeting the goals of Livable Delaware.

- DWSRF Program- this program provides low interest loans and grants to community water systems for infrastructure improvements. This program does not support infrastructure improvement projects that primarily result in growth. The DWSRF loan program is designed to assist community water systems in improving existing infrastructure to better serve existing customers. The DWSRF program promotes projects that enhance the quality of life by providing safer drinking water. The DWSRF program supports infrastructure upgrades/improvements in communities, urban areas, and developing areas. All projects are required to meet local land use plans. The program is statutorily prohibited from funding new growth. However, as noted in the strategies for environmentally sensitive developing areas, secondary developing areas, and rural areas the DWSRF can be used to create a new water system that is limited to resolving an existing or imminent public health risk.
- Capacity Development Program – this program works to ensure public water systems in Delaware have the technical, managerial and financial capabilities to meet the requirements of the SDWA. In addition, the Division of Public Health can prevent the formation of new community and non-transient non-community water systems or the expansion of an existing system if a determination is made that they cannot meet the capacity development requirements. The Capacity Development program is used to ensure that any new system can meet the requirements of the SDWA. The program also provides technical assistance to existing systems so that they can continue to meet the requirements of the SDWA.

History: The DHSS was granted primacy for the SDWA by the US EPA in April of 1978. At that time the drinking water program was part of the Office of Sanitary Engineering. Since then the SDWA has been re-authorized twice (1986 & 1996). Each re-authorization has resulted in a significant increase in the regulatory requirements on public water systems and the oversight role of the state. In the 1996 amendments to the SDWA Congress authorized the Drinking Water State Revolving Fund program. The DPH utilized set-asides from the DWSRF grants to increase staff in the Office of

Drinking Water in order to run the DWSRF program and to provide better oversight in the Public Water System Supervision (PWSS) program. The PWSS program is the traditional drinking water program.

Current Situation*: The Office of Drinking Water has been able to meet all regulatory requirements. However, new rules being promulgated by US EPA will create significant demands on the current staff. A new state law (SB 192) has mandated the DHSS create a database accessible via the internet that will provide consumers access to information about water systems including violations and enforcement actions taken by DPH. The site will also include information about the water system and results of monitoring conducted on drinking water supplies throughout Delaware. SB 192 also mandated specific public notification requirements for public water systems.

A Legislative Task Force on Drinking Water quality is currently reviewing the drinking water program. It has formed three subcommittees to review interagency communication, possible regulation of water quality in private wells, and a review of the current standards and practices in use by the PWSS program in the Office of Drinking Water.

The DWSRF program has utilized state money in the Water Management Account in the 21st Century Fund to supplement federal loan money to make projects affordable for municipal water systems. The WMA funds are utilized by both DHSS and DNREC in its Clean Water SRF program. The DWSRF program has received Cabinet Committee on State Planning Issues approval for 14 loans to water systems for infrastructure improvements. The water systems will soon begin actual construction of the new treatment plants and water lines.

The Capacity Development Program has received EPA approval for its new system capacity program and its existing system program. The new system program allows DPH to prevent the formation of new community and non-transient non-community public water systems that do not have technical, managerial or financial capabilities to meet the requirements of the Safe Drinking Water Act. The existing system program is a voluntary program that offers assistance to targeted systems to ensure that they maintain the capability of meeting all of the requirements of the SDWA.

Revisions/Actions Needed*: Complete hiring process to have new staff on board as soon as possible.

Complete conversion of data management system to Safe Drinking Water Information System/State (SDWIS/State) to better track water quality problems and work with DNREC to find solutions.

The 1996 amendments to the SDWA have resulted in a plethora of new regulations promulgated by EPA. The ODW will be required to adopt these new requirements within 2 years or ask for an extension. In addition, these new regulations have resulted in the need to contract with private laboratories in order to meet the monitoring requirements.

An increase in the fees charged to water systems is needed to cover the additional expense.

Complete work on web site to provide consumers more information about public water systems in Delaware.

Continued support of the WMA in the 21st Century Fund to make water infrastructure improvements affordable to customers of existing communities.

Complete work on the Legislative Task Force on Drinking Water to assure safe drinking water provided by private wells.

Resources needed to create/revise*: The drinking water program has been funded via EPA grants (PWSS and DWSRF) and two revenue accounts (98-80 Fee for Service to public water systems & 99-00, Operator Certification fees). We do not anticipate significant increases in federal funds. Therefore, an increase in the fees to water systems would be necessary to ensure continued revenues sufficient to support the existing program and the new requirements. Approval of fees for plan review/approval should be included as part of a fee increase.

DPH needs sufficient money to match 1:1 the program activities set aside in the DWSRF grant.

Additional staff is needed to oversee construction program funded by DWSRF.

Process for creation/revision*: Need legislative approval for an increase in fees.

Need statutory authority for private well monitoring regulations.

Need State Personnel Office approval for the Environmental Engineer IV position.

Schedule*: Begin internal process for increase in fees. Get Division and Department approvals to proceed.

Have SDWIS installed and staff trained by March 2002.

Have new staff hired by March 2002.

Work with legislature on any private well initiative resulting from Task Force recommendations.

Measures to guide progress*: Completion of web site development. Complete conversion to SDWIS (Safe Drinking Water Information System) and coordinate with web master in updating web site as needed by January 2002.

95% of all public water systems in full compliance with State and Federal requirements.

SDWIS/State installed and staff trained by January 2002.

State Personnel Office approval of new staff and individual hired into the position.

Interactions or inter-relationships with other agencies or units of government*: The Office of Drinking Water works closely with DNREC on source water assessments for public wells. In addition, ODW works with the Financial Assistance Branch in DNREC on DWSRF loans. The FAB conducts financial and environmental reviews for all loan applicants. ODW has worked with DNREC's Site Investigation and Restoration Branch on sampling public wells in proximity to hazardous waste sites.

The Cabinet Committee on State Planning Issues approves all DWSRF loan/grant proposals.

ODW works with the Public Service Commission when dealing with regulated water utilities.

ODW works with the Dept. of Agriculture on investigations of possible pesticide contamination of groundwater. We have also conducted investigations of groundwater near agricultural areas.

ODW has provided funding to the Delaware Geological Survey and US Geological Survey for studies of water quality in shallow aquifers.

The US EPA provides oversight and partial funding of DPH drinking water activities.

*Required portions to complete

Livable Delaware Activity

Activity/Policy/Program Name:

Delaware Health & Social Services, Division of Public Health, Emergency Medical Services (EMS) Response Times Improvement

Contact person:

Bill Stevenson, Office of Emergency Medical Services (OEMS), 739-4710

Enabling Laws:

Title 16, Chapter 97, 98 as revised by the 1999 EMS Improvement Act (HB 332).

Policies:

1. The Secretary of Delaware Health and Social Services (DHSS) must approve all state funded additions to paramedic resources.
2. OEMS does not approve use of state funds to build fixed housing for Emergency Medical Services (EMS) units. This practice impedes flexibility in relocation and deployment of EMS resources.
3. Basic Life Support (BLS) Funding Task Force and State Budget Office and Controller General's Office currently working on BLS funding policy which will provide guidance for state funding support.

History:

In 1999, HB 332 established EMS response time goals for Delaware. The performance goals for Delaware's EMS System recognize that not all emergencies are life threatening and do not require maximum resource response. The Emergency Medical Dispatch (EMD) system differentiates between the various types of emergencies to ensure the proper level of response is provided to each emergency call. The five levels that increase in complexity are: Alpha, Bravo, Charlie, Delta, and Echo.

The Delaware EMS system measures response performance in fractile response. Fractile response refers to the measurement of response times performance against an established goal. For example, if a response goal is 8 minutes, the fractile response is a percentage of the responses within that 8-minute goal. So a 90% fractile response indicates that 90% of the time the response time was 8 minutes or less.

The response time goals for the Delaware EMS system were established by the EMS Improvement Committee based, to the greatest extent possible, on clinical parameters. It was recognized that these ideal goals would take significant effort, over time, to achieve.

There is currently no clear incentive, or disincentive, for compliance with these goals.

Current Situation:

EMS agencies are unable to comply with the clinical goals within the current resources and are using the current system design.

ALS response time compliance (DEMSOC Annual Report, 2000)

- Statewide - 62.3%
- New Castle County - 69.3%
- Kent County - 55.4%
- Sussex County - 47.3%

BLS response time compliance (OEMS BLS database)

- Statewide – 73.7%
- New Castle County - 82.3%
- Kent County – 58.4%
- Sussex County – 56.8%

Revisions/Actions Needed:

State should develop a statewide plan to support compliance with response time goals.

Plan should include resource requirements for two models of delivery.

- The first model would be to fully support the current 2-tier/dual-response system with all current agencies providing response time compliance within their respective areas.
- A second model would utilize a regionally based operational design with consolidation into a single tier response with shared resources.
 - This plan would utilize unit hour methodology, matching needed resources with demand.
 - Plan would identify logical and practical EMS regions where resources could be coordinated and operationally managed through a deployment plan.
 - Plan would identify financial alternatives to tax based system currently in place.

Plan should define operational management methodologies; not ownership.

Both models will include a review process with rewards for compliance, and penalties for failure to comply, with deployment guidelines.

Resources needed to create/revise:

For plan development, consultative assistance from EMS operational and fiscal planning consultants and data analysts will be required. This would include a potential partnership with the Univ. of Maryland EMS Degree Program. Estimated cost for the plan development is \$75,000.

The resources required for response time compliance will be identified in the plan, using both methodologies.

Process for creation/revision:

OEMS will oversee development of the plan. Once the draft plan is developed, it will be presented to the Delaware EMS Oversight Council for review, revision, and adoption for enactment.

Schedule:

Both methodologies can be developed by February 1, with DEMSOC review following that development date. Implementation would be dependent on directions recommended by DEMSOC.

Measures to guide progress:

The goals mentioned in the EMS Improvement Act of 1999 state the performance goals that are to be used by the EMS system. These are:

- Each Advanced Life Support (ALS) paramedic agency within the Delaware EMS system provide an ALS paramedic unit, as defined by recognized state standard, on the scene within 8 minutes of the receipt of Delta calls on at least 90 % of the times.
- Each Basic Life Support (BLS) ambulance agency within the Delaware EMS system provide a BLS ambulance unit on the scene within 10 minutes of the receipt of Delta calls on at least 90 % of the times in urban* areas and 70 % of the times in rural areas.
- Each ALS paramedic agency within the Delaware EMS system provide an ALS paramedic unit, as defined by recognized state standard, on the scene within 8 minutes of the receipt of Charlie calls on at least 90 % of the times.
- Each BLS ambulance agency within the Delaware EMS system provide a BLS ambulance unit on the scene within 12 minutes of the receipt of Charlie calls on at least 90 % of the times in urban areas and 70 % of the times in rural areas.
- Each BLS ambulance agency within the Delaware EMS system provide a BLS ambulance unit on the scene within 12 minutes of the receipt of all Bravo calls on at least 90 % of the times in urban areas and 70 % of the times in rural areas.
- Each BLS ambulance agency within the Delaware EMS system provide a BLS ambulance unit on the scene within 18 minutes of the receipt of all Alpha calls on at least 90 % of the times in urban areas and 70 % of the times in rural areas.
- In cases involving cardiac arrest, each EMD center within the Delaware EMS system process all calls for assistance within 45 seconds in at least 90 % of such cases.
- Timely pre-hospital and inter-facility air medical transport should be available in 95% of cases where helicopter transport is appropriate;
- Each EMD center within the Delaware EMS system process all calls for assistance within 72 seconds in at least 90 % of such cases.
- EMS system provide cardio-pulmonary resuscitation (CPR) within 4 minutes of the receipt of Delta calls on at least 90 % of the times in urban areas and 70 % of the times in rural areas.
- EMS system provide Automatic External Defibrillation (AED) within 6 minutes of Delta calls on at least 90 % of the times in urban areas and 70 % of the times in rural areas.

**Urban is defined as north of C & D Canal and the City of Dover.*

Interactions or inter-relationships with other agencies or units of government:

Governor's Office, Delaware EMS Oversight Council (DEMSOC), County EMS Agencies (ALS), State Fire Prevention Commission (BLS), Delaware Volunteer Fireman's Association (BLS), State Budget Office, Controller's Office

Livable Delaware Activity

Activity/Policy/Program Name*: Delaware Health & Social Services, Division of State Service Centers, Community Services Needs Analysis. Analyses of community needs and current service delivery through state service centers. This activity will involve research regarding community needs, as identified by recent studies and needs assessments, as well as client satisfaction surveys at all state service centers. It will also include the specification of core services to be provided at all state service centers, and the identification of specialized services to be offered at selected centers.

Contact persons*: Jan Rheingold, Becky Wykoff

Enabling Laws:

Policies:

History: Nearly thirty years ago, DSSC began the establishment of a network of state service centers to provide “one-stop” health and human services facilities that would be accessible to all Delawareans. Now totaling fourteen centers throughout the state, state service centers offer co-located public and nonprofit services that assist with a wide variety of health and human service needs. DSSC has engaged in a continuing process of assessing and improving both the range and the quality of services provided to clients. Ongoing client needs assessments, evaluation of client satisfaction, targeting of gaps in service, and the development of new programs and initiatives to better meet client needs have been the hallmarks of client service delivery through the network of state service centers.

Client satisfaction surveys were conducted in 1986, 1989, 1993, 1995, and 1998. The 2001 survey is currently in process. Demographic analyses to identify geographic areas of need have been conducted based on 1970, 1980, and 1990 U.S. Census data. Such demographic analysis will also be undertaken based on the 2000 Census data.

In 1994, DSSC contracted with the Center for Community Development (currently, the Center for Community Development and Family Policy) at the University of Delaware to conduct a statewide community needs assessment. This research involved both telephone and face-to-face surveys, as well as review of existing surveys and needs assessments in Delaware. In 1999, the Center for Community Development and Family Policy conducted a community needs assessment on behalf of the Delaware Office of the Budget. This assessment included household and service provider surveys, focus groups, and review of existing surveys.

DSSC is currently in the process of examining needs assessments (including the 1999 Community Needs Assessment identified above, as well as other research) and identifying additional studies that may be relevant to assist in the process of identifying appropriate services and the locations in which they are needed.

Current Situation*: In order to improve access to health and human services for all Delawareans, particularly in an age of declining resources and shifting economic, demographic and political dynamics, it is essential to take stock of the current service delivery system. It is possible that the dynamics of mobility and sprawl in recent decades have produced new or different geographic concentrations of low-income and/or vulnerable persons and families.

DSSC plays a unique role in the current service delivery system by co-locating numerous health and social services in centralized locations to enhance access to those in need. This directly relates to the goal of improving access, as identified in Governor Minner's Executive Order 14, and to Goal 10 of "Shaping Delaware's Future".

Revisions/Actions Needed*: In conjunction with the findings of current needs assessments, evaluation of the current utilization of existing services, client satisfaction with those services, and gaps in service provision as identified by those in need, the determination of core and specialized services will be made. A workplan will be developed to guide possible changes in the mix of services.

Resources needed to create/revise*: Review of existing needs assessments and conduct of the client satisfaction survey will be completed in-house and will incur minimal costs. DSSC staff will undertake the majority of the tasks involved; however, temporary personnel may be required for data entry and clerical duties. Report design and publication costs will also be incurred.

Dependent upon the findings and recommendations that emerge from DSSC's assessment of services and needs, it is possible that resources will be needed to retrofit facilities to accommodate new and different services.

Process for creation/revision*: The findings of the in-house analysis of community needs assessments and the client satisfaction surveys will be used to develop recommendations for core services to be provided at each state service center, as well as specialized services to be provided at specific sites. DSSC will share recommendations regarding services with DHSS, and then move forward with negotiations to locate the identified services in state service centers.

Schedule*: Following is the schedule for the review of needs assessments and the client satisfaction survey.

FY2002-2003 — analysis of community needs assessments, to include identification and review of available and appropriate studies and the development of a report, summary of findings, and recommendations

FY2002 — client satisfaction survey

Measures to guide progress*:

- ◆ % of state service centers that offer the core group of services

- ◆ % of specialized services identified that are offered through specified state service centers
- ◆ % of clients satisfied with services offered through state service centers

Interactions or inter-relationships with other agencies or units of government*: The function of state service centers is to provide accessible health and human services through community-based facilities in which multiple services are co-located. In order to do so, DSSC coordinates with other agencies and units of government, as well as private nonprofit entities, to establish their services in state service centers.

Livable Delaware Activity

Activity/Policy/Program Name*:

Public access to Division of Social Services' programs and services (TANF, Child Care, Food Stamps, Medicaid, Delaware Healthy Children Program, Delaware Prescription Assistance Program).

Contact person*:

Rosanne Mahaney, Executive Assistant, Division of Social Services

Enabling Laws:

N/A

Policies:

The Division of Social Services is committed to providing easily accessible support services to enable Delaware's most disadvantaged individuals and families to maintain or move toward independence.

History:

Over the years DSS has taken a number of steps to assure adequate access to DSS services, a few of which are highlighted below:

- Expanded the number of direct client services offices throughout the state.
- Created Internet and Intranet web sites to inform the public of DSS services.
- Moved the majority of Medicaid clients to a managed care service delivery system. This increased the number of physicians and other medical providers willing to take Medicaid clients. It also enabled the addition of more than 18,000 uninsured low-income adults to the Medicaid rolls.
- Increased the number of children covered by health insurance by implementing the Delaware Healthy Children program, which covers children in families with income up to 200% of the Federal Poverty Level.
- Increased the number of children receiving subsidized ChildCare by expanded eligibility for this work support service to those families with income up to 200% of the Federal Poverty Level.
- Implemented the Delaware Prescription Assistance Program in January 2000 to provide low-income elderly and/or disabled Delawareans with prescription benefits.

Current Situation*:

Goal #10 of **Shaping Delaware's Future** is "Improve access to educational opportunities, health care and human services for all Delawareans." DSS is helping to meet this goal as follows:

- DSS now has 18 direct client services offices throughout the state at different locations. There is a DSS office in each State Service Centers.
- Development of the Welfare to Work web site created jointly by the Department of Labor, the Department of Transportation, and the Economic Development Office. This web site provides information regarding benefits and work supports.

- More than 9,800 children have been insured under the Delaware Healthy Children program since it was implemented in January 1999. Currently 3,363 children are covered under this program.
- The application for the Delaware Healthy Children Program can be downloaded from the DSS Intranet and Internet web site.
- More than 12,000 children are receiving subsidized ChildCare services, enabling their parent(s) to work.
- Currently 3,985 elderly and/or disabled Delawareans receive prescription benefits under the Delaware Prescription Assistance program.

Revisions/Actions Needed*:

- Continued evaluation of the location of DSS direct client service offices to assess the need for expansion and relocation (evaluation to include transportation options).
- Increased outstationing of staff to improve public access and resolve space constraints with minimal cost (including co-location with existing programs/services).
- Increase the percentage of children who have health care coverage via the DSS Medical Assistance Programs.
- Increase the percentage of elderly or physically disabled Delawareans who access prescription assistance through the Delaware Prescription Assistance Program.
- Long term expansion of Internet and Intranet web capabilities and exploration of technology to enable the public to apply for DSS services over the Internet.

Resources needed to create/revise*:

DSS will expand access to services within the limits of its approved budget.

Process for creation/revision*:

DSS will internally evaluate program caseload sizes by offices utilizing information from our systems, contractors and community agencies regarding the location and demographics of the population we serve for future planning.

DSS will continue to work with the Departments of Labor and Transportation, the Economic Development Office, community agencies and advocates in developing and refining work supports for families. DSS will coordinate service needs assessments with all appropriate Departments and Divisions. DSS will continue to refine and expand the DSS and joint Welfare to Work web sites.

Schedule*:

Ongoing

Measures to guide progress*:

- Number of individuals accessing the DSS Intranet and Internet web site.
- Number of children enrolled in DSS Medical Assistance Programs.
- Number of customers enrolled in Delaware Prescription Assistance Program.
- Periodic assessments of the quality of services via the customer surveys, focus groups, Customer Relations statistics, etc.

Interactions or inter-relationships with other agencies or units of government*:

DSS will coordinate with DSSC in assessing the need for additional offices and locations. DSS involves the Department of Education, the Division of Public Health, the Division of Services for Aging & Adults with Physical Disabilities, Departments of Labor and Transportation, Delaware Economic Development Office, and other Departments and Divisions as appropriate in its assessment of services needs.